Warwick Gates Family Health Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Warwick Gates Family Health Centre on 3 November 2015. The overall rating for this service is good. We found the practice was outstanding for providing services for older patients.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Information about how to complain was available and easy to understand.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision about providing a quality and caring service in a safe way.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

- The practice had engaged in a project with AGE UK to assess and support all high risk elderly patients to

identify and address clinical and social need. The practice had a nominated AGE UK care coordinator and an in-house coordinator to support this work. Positive results were achieved for three patients registered with the practice, who as a result of this comprehensive assessment process were found to have undiagnosed conditions. Additionally, the skills developed by practice staff from this project were being applied to all patients including older patients who were not included in this project.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were robust safeguarding measures in place to help protect children and vulnerable adults from the risk of abuse. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness. They produce and issue clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity to provide services and promoting good health for all patients. Staff had received training appropriate to their roles and any further training needs had been identified and planned to meet those needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to improve outcomes for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Data from the national GP patient survey published on 2 July 2015 showed that the practice scored slightly higher than average results in relation to patients' experience and the satisfaction scores on consultations with the GP and nurse. These were consistently higher than the CCG and national averages but lower for helpfulness of receptionists.

We found that feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care.

Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice supported patients to have a forum where they could learn and share ideas that promoted their health. There was an active patient participation group (PPG) at the practice that directed its own agenda and focused on topics that mattered to patients. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG) and patient surveys.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to make a complaint was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff. The practice had a positive approach to using complaints and concerns to improve the quality of the service.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear leadership structure in place and staff felt supported by the management team.

There were positive examples of how the practice's vision and ethos were implemented by staff working together to maintain high standards, deliver positive health outcomes for patients and foster a supportive work environment. Staff saw themselves as having shared responsibility for the smooth functioning of the services provided.

Quality performance data showed the practice was performing exceptionally highly compared with local and national averages, achieving an overall total of 99.5% in 2014/2015.

The practice carried out proactive succession planning to ensure that the quality of service they provided and the continuity of care for patients were maintained, developed and improved. There was effective and constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients and it had an active patient participation group (PPG).

Summary of findings

There were systems in place to monitor and improve quality and identify risk. Staff had received inductions, regular performance reviews and attended staff meetings and events. Staff told us they were supported to develop their skills to improve services for patients.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

This practice is rated as good for the care of older patients. The practice offered proactive, personalised care to meet the needs of the older patients' in its population and had a range of enhanced services for example, in dementia and end of life care. The practice had low numbers of patients in the over 65 and 75 years population group compared with national averages (over 65 years was 9.5% compared with the national average of 16.7% and over 75 years of age was 3.7% compared with the national average of 7.6%).

Patients over the age of 75 had a named GP and GPs carried out visits to patients' homes if they were unable to travel to the practice for appointments. The practice had exceeded the national average for providing flu vaccinations to patients over the age of 65. Data for the year 2014/2015 showed that 79.6% of patients had been given their flu vaccination compared with the national rate of 73.24%.

The practice had engaged in a project with AGE UK to assess and support all high risk elderly patients to identify and address clinical and social need. The practice had a nominated AGE UK care coordinator and an in-house coordinator to support this work. Positive results were achieved for three patients registered with the practice who were found to have undiagnosed conditions as a result of this comprehensive assessment process. Additionally, the skills developed by practice staff from this project were being applied to all patients including older patients who were not included in this project.

The practice maintained a register of all patients in need of palliative care and offered home visits and rapid access appointments for those patients with complex healthcare needs. Other professionals and practice staff had access to clear information about patients receiving end of life care so they were able to respond in the event that medical assistance was needed. The practice held regular multidisciplinary integrated care meetings where all patients on the palliative care register were discussed.

People with long term conditions

Good

This practice is rated as good for the care of patients with long term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a

structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The quality monitoring data (QOF) for 2014/2015 showed that the percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 87.73% which was higher than the national average of 83.11%.

Families, children and young people

Good

This practice is rated as good for the care of families, children and young patients. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice provided childhood immunisations and appointments for these could be booked throughout the week to provide flexibility for working families. Last year's performance was comparable with local and national levels. For example, childhood immunisation rates for the vaccinations given to under two's ranged from 84.5% to 100% and five year olds from 94.2% to 96.5% which compared with CCG rates of 83.7% to 98.8% and 93.3% to 98.2% respectively.

Appointments were available outside of school hours and the premises were suitable and accessible for children, with changing facilities for babies.

We saw good examples of joint working with midwives, health visitors and district nurses. The practice also offered a number of online services including booking appointments and requesting repeat medicines.

Working age people (including those recently retired and students)

Good

This practice is rated as good for the care of working age patients (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended hours appointments so that patients could access appointments around their working hours.

The practice offered a number of online services, including booking and cancelling appointments and requesting repeat medicines. They also provided a full range of health promotion and screening clinics that reflected the needs of this age group. The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.

Summary of findings

People whose circumstances may make them vulnerable

Good

This practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including patients with a learning disability. For example, the practice had carried out annual health checks and offered longer appointments for patients with a learning disability.

Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Patients were provided with information about how to access various support groups and voluntary organisations. For example, through leaflets, on the information notice board in the waiting area and on the practice's website.

People experiencing poor mental health (including people with dementia)

Good

This practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia). The practice held a register of patients living in vulnerable circumstances including those patients with dementia. The GPs and the practice nurses understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.

The practice invited patients experiencing poor mental health to attend for an annual health check. Longer appointments were arranged for this and patients were seen by the GP they preferred. The annual reviews took into account patients' circumstances and support networks in addition to their physical health. The percentage of patients diagnosed with dementia whose care had been reviewed for 2014/2015 was 90.91% which was higher than the national rates of 83.82%.

The practice had given patients experiencing poor mental health information about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for patients' with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. The national GP patient survey results published on 2 July 2015 showed there was a mixed response from patients; in some areas the practice was rated higher than the Clinical Commissioning Group (CCG) and national averages, and rated lower in other areas.

There were 288 surveys sent to patients and 105 responses received which represented a response rate of 36.5%. Results showed:

- 88.9% of patients found it easy to get through to this practice by phone which was higher than the CCG average of 76.8% and a national average of 73.3%.
- 81.2% of patients found the receptionists at this practice helpful which was lower than the CCG average of 87.8% and a national average of 86.8%.
- 84.5% of patients were able to get an appointment to see or speak to someone the last time they tried which was lower than the CCG average of 90.1% and a national average of 85.2%.
- 87.2% of patients said the last appointment they received was convenient which was lower than the CCG average of 92.7% and a national average of 91.8%.
- 77.3% of patients described their experience of making an appointment as good which was higher than the CCG average of 76.6% and a national average of 73.3%.
- 89.1% of patients usually waited 15 minutes or less after their appointment time to be seen which was higher than the CCG average of 68.1% and a national average of 64.8%.
- 75.9% of patients felt they did not normally have to wait too long to be seen which was higher than the CCG average of 59.4% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Patients were very complimentary about the practice and commented that all staff from the practice were very caring and would go that extra mile to provide the care they needed. A new patient had commented that their first visit to the practice had been a fantastic experience and that useful advice had been given to them. Appointments for working patients were described as very helpful and fitted in with working patterns.

We spoke with five patients during the inspection and two by telephone following the inspection, all of whom were very positive about the service they received. They told us they thought the practice was very good, very caring and quick to respond to health concerns. They told us that the GPs were always prepared to see patients to allay their fears however minor their concerns were. Others commented that staff were kind, patient, understanding and pleasant to patients at all times.

Outstanding practice

- The practice had engaged in a project with AGE UK to assess and support all high risk elderly patients to identify and address clinical and social need. The practice had a nominated AGE UK care coordinator and an in-house coordinator to support this work. Positive results were achieved for three patients registered with the practice, who as a result of this comprehensive assessment process were found to have undiagnosed conditions. Additionally, the skills developed by practice staff from this project were being applied to all patients including older patients who were not included in this project.

Warwick Gates Family Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and practice manager specialist advisors.

Background to Warwick Gates Family Health Centre

Warwick Gates Family Health Centre is located in Heathcote, an area of Warwick, in South Warwickshire. Warwick Gates Family Health Centre has five GPs (two males and three females) operating from a modern, purpose built building in Heathcote. The practice provides primary medical services to patients in a fairly affluent, urban area and has significantly larger number of working age patients and lower numbers of older patients compared to the national average.

The GPs are supported by a practice manager, two practice nurses, a health care assistant (HCA), and administrative and reception staff. There were 6736 patients registered with the practice at the time of the inspection.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Warwick Gates Family Health Centre is an approved training practice for doctors who wish to be become GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ trainee GPs and the practice must have at least one approved GP trainer.

The practice is open between from 8am to 6.30pm Monday to Friday each week. The practice is closed at weekends. Appointments are available from:

- Monday from 8.30am to 10.30am and 3.50pm to 5.50pm
- Tuesday from 8am to 10.30am and 3.50pm to 5.50pm
- Wednesday from 8.30am to 10.30am and 3pm to 5pm
- Thursdays from 8am to 10.30am and 3.50pm to 5.50pm
- Friday from 8.30am to 10.30am and 3pm to 5pm.

A duty GP is available during opening hours and during the lunchtime period when the practice is closed. Patients who call the practice are given a mobile number to call for the duty GP. Extended hours appointments are available from 7am to 8am on a Tuesday, Wednesday and Friday, and from 6.30pm to 8pm on Wednesday evenings for pre-bookable appointments only.

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments. Booking of appointments can also be made up to six weeks in advance.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring

Detailed findings

depending on the circumstances. Information on the out-of-hours service (provided by NHS Warwickshire Out Of Hours) is provided to patients and is available on the practice's website and in the patient practice leaflet.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care and family planning.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

Before our inspection of Warwick Gates Family Health Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted NHS South Warwickshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 3 November 2015. During our inspection we spoke with a range of staff that included four GPs, a trainee GP, the practice manager, a practice nurse, and reception and administration staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with five patients and with two patients on the telephone following the inspection. These patients were all members of the patient representative group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care provided.

We observed how staff interacted with patients who visited the practice, how patients were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always asked the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patients' needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients and what good care looked like for them. The population groups are:

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients whose circumstances may make them vulnerable
- Patients experiencing poor mental health (including patients with dementia)

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients that were affected by significant events received a timely and sincere apology and were told about actions the practice had taken to improve care. Staff were aware of their responsibility to raise concerns and knew how to report incidents and near misses. They told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of all significant events and we saw that a log of events was available as far back as 2010 to demonstrate this. From this log it was also clear that all staff contributed to and were involved in recording any events that occurred.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety within the practice. For example, an event detailed the unexpected collapse of a person visiting the practice. Records showed a full analysis of the event had been carried out to determine whether all procedures had been followed and that appropriate action had been taken. Evidence showed that the event had been discussed with all staff at a number of practice meetings to ensure that learning was shared.

Safety was monitored using information from a range of sources, including best practice guidance from the National Institute for Health and Care Excellence (NICE) and local commissioners. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. Staff told us that all policies were accessible to them. The policies clearly outlined who staff should contact for further guidance if they had any concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff we spoke with confirmed they knew who the lead was. The lead GP and the practice nurse attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role, which included higher level training for GPs. Staff gave us examples where they had taken action to protect and safeguard patients they considered to be at risk of abuse. These examples demonstrated they had shared information with appropriate agencies for both adults and children who they considered to be in need of protection.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. When chaperones had been offered a record had been made in patients' notes and this included when the service had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility and that there was a poster in the waiting room that offered this service.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. We saw evidence that showed all electrical equipment and clinical equipment was checked routinely and was safe to use. Staff confirmed these checks were carried out routinely. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and legionella (a bacterium which can contaminate water systems in buildings). The practice had up to date fire risk assessments in place and weekly fire drills were carried out. Staff explained to us what they were to do in the event of a fire alarm and confirmed they had completed fire training. The practice manager told us that refresher training had been arranged for all staff at the end of November 2015.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. One of the GPs had become the IPC lead

following the pending retirement of the lead nurse. The IPC leads role included liaison with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, an external infection control audit had been carried out in November 2014. Action had been taken to address those issues identified, such as repairs to the damaged flooring in the staff kitchen.

- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. A reserve fridge was kept for emergencies and for potential overflow stock of vaccines should this be needed. Regular medicine audits were carried out by the GP lead at the practice to ensure prescribing was in line with best practice guidance for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We looked at files for different staff roles including two GPs and two reception staff to see whether recruitment checks had been carried out in line with legal requirements. We found that appropriate recruitment checks had been undertaken as required. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We saw that processes were also in place should the practice need to employ locum GPs to ensure appropriate checks were carried out. The practice confirmed they had not needed to employ locum GPs as cover was usually provided in-house.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were available each day. Staff confirmed they would also cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency. We saw from a significant event that had occurred during 2015 that this system had been used effectively to respond to an emergency situation. Urgent medical assistance was needed in the waiting room. There was also an alarm system in place which was linked to the local police station. Staff told us that the alarm button was pressed accidentally recently and the police had responded very quickly. They told us this gave them the confidence that the system worked should it ever be needed.

All staff received annual basic life support training and there were emergency medicines and equipment available in the treatment room. There was also a first aid kit and accident book available. Emergency medicines and oxygen were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The practice was part of a GP Federation which included all practices within the Clinical Commissioning Group (CCG) area. This Federation enabled practices to support each other and ensure continuity of services was maintained.

The business continuity plan had recently been updated following the retirement of one of the GP partners. Copies of the plan were kept in the reception area, on the practice's computer system and the GPs confirmed they kept a copy at home. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident. For example, contact details of local

Are services safe?

suppliers to contact in the event of failure, such as heating and water suppliers. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The GP medicines management lead responded to all alerts including NICE guidance received by the practice. This included carrying out patient searches and sharing recommendations where these were applicable with the clinical team. We spoke with the practice nurse who gave us examples of changes that had been made to their practice in response to this national guidance. This included for example, changes in treatment for asthma and heart conditions.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 99.5% of the total number of points available, with 2.6% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/2015 showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 97.17% which was higher than the national average of 88.35%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 87.73% which was higher than the national average of 83.11%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 100% which was higher than the national average of 86.04%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90.91% which was higher than the national average of 83.82%.

The practice was an outlier (negative indicator) in 2014/2015 for the QOF clinical targets in relation to indicators of prevalence of diabetes and dementia. We saw minutes of meetings held with the Clinical Commissioning Group (CCG) in 2015 in which the outliers had been discussed and reviewed. The probable causes for the indicators were identified due to the low numbers of older patients registered with the practice and the possibility that the appropriate codes may not have been applied appropriately. There was an action plan in place to carry out audits and make improvements where appropriate.

There was a system in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It included an assessment of clinical practice against best practice such as clinical guidance, to measure whether agreed standards were being achieved. The process required that recommendations and actions were taken where it was found that standards were not being met.

We saw an audit for patients who were taking a medicine for the prevention of blood clotting that had been initiated in 2011 and repeated annually, with the most recent audit done in 2015. This audit had assessed those patients taking this medicine, reviewed the appropriateness of the prescribing and evaluated the monitoring that had been carried out on each patient. The latest audit found that seven patients had no recent monitoring recorded and action had been taken to ensure this was addressed. As a result of the latest findings the practice determined that patients were to complete a monitoring check before repeat medicines were supplied to ensure regular checks were carried out.

GPs at the practice each led in specialist clinical areas such as diabetes, heart disease, chronic obstructive pulmonary disease (COPD) (lung diseases) and cancer. The practice nurses supported this work, which allowed the practice to

focus on the specific conditions. The GPs attended educational meetings facilitated by the Clinical Commissioning Group (CCG) and engaged in annual appraisal and other educational support.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and mental health awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff told us that training opportunities at the practice were well facilitated. Training was also shared with local practices. Staff attended other practices or staff from other practices attended training sessions facilitated by Warwick Gates Family Centre for relevant training. GPs told us that some training sessions were combined to encourage team building for clinical and non clinical staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. All relevant information was shared in a timely way including when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that meetings were held regularly with link professionals such as health visitors, midwife and district nurses and that care plans were routinely reviewed and updated. For example, from minutes of meetings held throughout 2015 we saw that discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients assessments of capacity to consent were also carried out in line with relevant guidance. We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this. Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The GPs and practice nurses understood the need to consider Gillick competence when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help. For example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required.

It was practice policy to offer health checks with either the GP or the practice nurse to all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. The GPs and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. The GPs and practice nurse told us they would also use their contact with

Are services effective?

(for example, treatment is effective)

patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

The practice told us about the over 75s project they were involved in as a member of the GP Federation, in conjunction with Age UK. The project provided holistic reviews of patients over the age of 75 years with the aim to promote proactive measures to help patients maintain good health. Frail patients and those who were in poor health were offered further support in partnership with Age UK. We saw the latest report for the review of the project for the period 1 January 2015 to 30 June 2015. This showed that collectively, the project group had seen an impact on the outcomes for patients. For example, the Federation found there had been an increase in the number of patients newly diagnosed with dementia and a decrease in the number of emergency admissions to accident and emergency (A&E) departments throughout the CCG area.

We asked about the impact on patients registered with the practice. The practice told us that they had carried out in excess of 80 comprehensive assessments. Of those assessments they found three patients with undiagnosed illnesses that they considered would have led to emergency admissions had they not been found and appropriately managed. The practice told us that all the patients had welcomed the assessment opportunity and have benefited from the additional help with benefits and social support. The practice nurse had also developed their skills that were beneficial to all their patients, not only in being able to carry out the assessment with patients but also the knowledge acquired around benefits and services available to patients and the process of power of attorney.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.62% which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who had not attended for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.5% to 100% and five year olds from 94.2% to 96.5% which compared with CCG rates of 83.7% to 98.8% and 93.3% to 98.2% respectively.

Flu vaccination rates for the over 65s were 79.6% which was higher than the national average of 73.24%. The rates for those groups considered to be at risk were 61.3% which was higher than the national average of 52.29%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone, and those patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a poster in the waiting room which informed patients of this facility.

We found there was a strong person-centred culture and staff were highly motivated to offer care that was kind and promoted patients' dignity. This was confirmed by feedback received from patients, interviews with practice staff, and health and social care professionals. We observed staff to be caring and understanding, while remaining respectful and professional.

We received 26 comment cards which were all positive about the standard of care received by patients at the practice. Patients were very complimentary about the practice and commented that the practice was the best it could be; that the staff were very friendly, courteous, dedicated and highly professional; that they went the extra mile for their patients especially at times when they had suffered a bereavement; and that all staff at the practice talked to patients in a very caring manner.

Patients we spoke with confirmed the positive comments given in the comment cards. Patients told us that staff always had time for them, treated them with respect and were alert to their needs if they appeared distressed or confused. The patients we spoke with and the views expressed on the comment cards told us that patients received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.

The data available from the NHS England GP patient survey published 2 July 2015 showed that the practice achieved higher than national average results generally, in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 92.6% of patients said the GP was good at listening to them which was higher than the Clinical Commissioning Group (CCG) average of 91.1% and national average of 88.6%.
- 93% of patients said the GP gave them enough time which was higher than the CCG average of 90.1% and national average of 86.6%.
- 96.7% of patients said they had confidence and trust in the last GP which was comparable to the CCG average of 96.7% and higher than the national average of 95.2%.
- 89.7% of patients said the last GP they spoke to was good at treating them with care and concern which was higher than the CCG average of 89.2% and national average of 85.1%.
- 91.5% of patients said the last nurse they spoke to was good at treating them with care and concern which was higher than the CCG average of 90.8% and national average of 90.4%.

However, 81.2% of patients found the receptionists at this practice helpful which was lower than the CCG average of 87.8% and a national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us through the comment cards that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients commented that they trusted the GPs as they always acted promptly to any concerns about patients' health and that nothing was too much trouble for this practice.

Results from the national GP patient survey published on 2 July 2015 we reviewed showed that most patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

Good

Are services caring?

- 91.1% of patients said the last GP they saw was good at explaining tests and treatments which was higher than the CCG average of 89.9% and national average of 86%.
- 87.1% of patients said the last GP they saw was good at involving them in decisions about their care which was higher than the CCG average of 85.9% and national average of 81.4%.

We saw that care plans were in place for patients with a learning disability, and patients who were diagnosed with asthma, dementia and mental health concerns. Staff demonstrated knowledge regarding best interest decisions for patients who lacked capacity. Staff told us that they always encouraged patients to make their own decisions. They told us that they would always speak with the patient and obtain their agreement for any treatment or intervention even if they were with a carer or relative. The nurse told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

The practice was able to evidence joint working arrangements with other appropriate agencies and professionals. For example, palliative care was carried out in an integrated way. This was done using a multidisciplinary team approach with district nurses, palliative care nurses and the community matron. Quarterly meetings were held with the Mental Health Team which included a consultant psychiatrist and a community psychiatric nurse.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.

The practice's computer system alerted the GPs if a patient was also a carer. There was a practice register of all patients who were carers and the practice supported these patients by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had experienced bereavement the designated GP telephoned them and often visited to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room.

Patients told us about times when the GPs had given them extra time, care and support, such as when they had lost a parent, husband or wife. We were told that the GPs and the staff went out of their way to help and support patients and had offered them the privacy of a side room when they had become distressed in the waiting room.

Feedback from patients showed that they were positive about the emotional support provided by the practice. For example, one patient wrote in the comment cards that all staff were truly wonderful, they are always kind, pleasant and caring. Comments from patients we spoke with during our inspection and the comment cards we received were also consistent with this feedback. Patients told us that staff responded compassionately when they needed help and provided support when required.

From minutes of the practice's multi-disciplinary meetings we saw that all professionals were proactive in supporting population groups such as older patients, patients experiencing poor mental health and families at risk of isolation to receive both practical and emotional support when needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs of patients. The practice told us their patient population consisted of a lower than average number of older patients. National patient data from 2014/2015 showed that the number of patients in the over 65 years of age population group was 9.5% compared with the national average of 16.7%. The population group of patients over 75 years of age registered with the practice was 3.7% compared with the national average of 7.6%.

The practice took part in regular meetings with NHS England and worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. We saw minutes of a meeting that took place in April 2015. These minutes showed where the CCG had discussed the national and local indicators with the practice particularly where they showed negative results (outliers) when compared with other practices. Actions to be taken towards improvements had been recorded. For example, the practice had been identified as low indicators to the prevalence of diabetes and dementia. Actions from the meeting had included further checks to ensure all practices recorded information in the same way, and a data quality audit to be carried out by the practice to check that the codes used for patients on the practice register was accurate.

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability and patients with drug or alcohol related health problems.
- Although the number of older patients registered with the practice was relatively low compared with other practices both nationally and within the CCG area, the practice recognised the need to prepare for the expansion of this patient population group with the development of a nearby retirement village and housing for the elderly.
- The GPs made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- The practice provided care for elderly patients on a virtual ward scheme which was being developed into the Discharge to Assess (D2A) services within the community. This service aimed to ensure patients with complex care needs who, at the point of discharge from hospital had care needs likely to require continuing healthcare. Patients were supported through rehabilitation and re-ablement in a community setting prior to an assessment of their long term care needs.
- Regular multidisciplinary meetings were held with key partners to support patients with their palliative care needs.
- Extended appointment times were available on three weekday mornings from 7am to 8am and from 6.30pm to 8pm on Wednesday evenings, which was helpful for those patients who had work commitments. On-line services were available for appointments, repeat prescriptions and patient access to their notes.
- Urgent access appointments were available for children and those with serious medical conditions. GPs told us that urgent appointments were available every day and confirmed that patients would always be seen.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this. Patients told us that when they had their medicines reviewed time was taken to explain the reasons for the medicines and any possible side-effects and implications of their condition. Staff told us they shared information with patients to help them understand and manage their conditions. Patients we spoke with confirmed this.
- The practice had a mental health register and had held quarterly meetings with the mental health team to review the care of patients on the practice register. The practice told us there had been changes to the location of the mental health team. They were now service based where previously they had been geographically based, which meant that new links and ways of working with the team had to be established. We saw minutes of a meeting that had been initiated by the practice in March 2015 with the mental health team. The aim of the

meeting was to re-establish continuity of care for their patients. We saw further evidence to show that the practice followed up on referrals made to the mental health team on behalf of their patients.

- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations, cervical smears and well man and well women clinics. The practice provided a full range of contraceptive services. Two of the GPs were trained in long acting reversible contraception (LARCs) techniques which included implants and injections.
- A minor surgery service was provided by the practice which included joint injections.

Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included details on how to arrange urgent appointments, home visits, how to book appointments and order repeat prescriptions through the practice website. Booking of appointments could be made up to six weeks in advance.

There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. There was an answerphone message which gave the telephone number patients should ring depending on their circumstances. Information about the out-of-hours service provided by NHS Warwickshire Out Of Hours service was available to patients in leaflets, through information displayed in the waiting room and on the practice website.

The practice was open between 8am and 6.30pm Monday to Friday each week. The practice was closed at weekends. Appointments were available on Monday from 8.30am to 10.30am and 3.50pm to 5.50pm, Tuesday from 8am to 10.30am and 3.50pm to 5.50pm, Wednesday from 8.30am to 10.30am and 3pm to 5pm, Thursdays from 8am to 10.30am and 3.50pm to 5.50pm and Friday from 8.30am to 10.30am and 3pm to 5pm. A duty GP was available during opening hours and during the lunchtime period when the practice was closed. Patients who called the practice were given a mobile number to call for the duty GP. The practice told us they would always see patients who needed to be seen.

Extended hours appointments were available from 7am to 8am on a Tuesday, Wednesday and Friday and from 6.30pm to 8pm on Wednesday evenings for pre-bookable appointments only. Home visits were available for patients who were too ill to attend the practice for appointments.

The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes and heart disease.

There were disabled facilities, hearing loop and translation services available. In-house training was provided to ensure all staff understood how the aids and translation service operated. Staff confirmed they knew how to operate the hearing loop and how to access the translation services.

Results from the national GP patient survey published 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was mixed. The practice was rated higher than local and national averages in the following areas:

- 88.9% of patients said they could get through easily to the surgery by phone which was higher than the CCG average of 76.8% and national average of 73.3%.
- 77.3% of patients described their experience of making an appointment as good compared to the CCG average of 76.6% and national average of 73.3%.
- 89.1% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68.1% and national average of 64.8%.

However, the survey results showed that in some areas the practice had been rated lower than local and national averages. For example:

- 84.5% of patients were able to get an appointment to see or speak to someone the last time they tried which was lower than the CCG average of 90.1% and a national average of 85.2%.
- 87.2% of patients said the last appointment they got was convenient which was lower than the CCG average of 92.7% and a national average of 91.8%.

We saw an action plan was in place to address the feedback from the survey results. Actions had included the introduction of the early morning appointments particularly for patients who had work commitments as well as consideration for Saturday morning opening. The practice told us that the early morning extended hours had been well received. This was confirmed by patients we spoke with.

Patients gave positive views about the appointments system. We received 26 comment cards which were all positive about the appointments and availability at the

Good

Are services responsive to people's needs?

(for example, to feedback?)

practice. Patients told us that they had no problem with getting appointments and they could always see a GP if the appointment was urgent. They told us that for more general appointments the receptionists always tried to fit them in.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We found that there was an open and transparent approach towards complaints. Accessible information was provided to help patients understand the complaints system on the practice's website and in a complaints leaflet available at the practice. We saw a copy of the complaints form available for patients to use should they wish to make a formal complaint. The form also included a copy of the procedure and explained to the patient what they could expect once their complaint was submitted to the practice. Patients commented through the comment cards that they were aware of the process to follow should they wish to make a complaint, although all patients told us they had not needed to make a complaint.

We saw that annual reviews of complaints had been carried out to identify themes or trends. We looked at the review for the year 2014 to 2015. We saw that five complaints had been received in the last 12 months and found these were dealt with promptly with responses to and outcomes of the complaints clearly recorded.

We saw evidence that showed lessons learned from individual complaints had been acted on. This had included for example, changes to procedures where they had been identified as a result of a complaint or a concern. Overall learning from the annual review of complaints was shared with all staff at the relevant team meetings. This ensured learning was shared and reviewed in an open and responsive way. We saw minutes of meetings that confirmed this.

GPs also discussed complaints received with members of the patient participation group (PPG). PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They had obtained feedback from them on how the practice had responded to individual complaints and whether they thought the practice could have responded differently. We saw that details of complaints for these discussions had been anonymised and feedback had been provided. We spoke with three members of the PPG who confirmed these discussions had taken place and that their views had been sought.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The vision of the practice was aligned to the clinical commissioning group (CCG) local estates forum (LEF). The practice was also part of the South Warwickshire GP Federation. The practice shared with us the protocols and expectations for membership of the Federation. This included information sharing protocols and data exchange agreements.

As part of the membership of the Federation Warwick Gates Family Centre had recently changed their computer system so they were compatible with other practices within the Federation. This meant that all practices would be able to share and exchange information more effectively.

We looked at a copy of the practice's statement of purpose. This told us that the aim of the practice was to provide high quality primary care treatment to their patient population to include consultations, examinations and treatment of medical conditions. The practice focused on the prevention of disease by the promotion of healthy living.

It was evident through discussions with staff during the day that this vision was shared throughout the practice. The practice had a robust strategy and supporting business plan which reflected the vision and values of the practice and ensured that these were regularly monitored.

Governance arrangements

The practice had a governance framework in place that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that overall, in all relevant services it was performing above or in line with national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.
- The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings and noted that complaints, significant events and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

Leadership, openness and transparency

Representatives of the practice team including a PPG member gave us a presentation on the services they provided. We noted that everyone interacted and worked together in a cohesive way that continued throughout the day. The atmosphere within the practice was open, supportive, friendly and welcoming.

The GPs and the practice manager had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The leadership of the practice was strong and consistent within the culture of striving for continuous improvement which was embedded in all systems and processes. The GP partners and management team had a visible presence in the practice. Responsibility for different areas was shared amongst GP partners. For example, all the partners had various lead responsibilities such as clinical lead to the nursing team, safeguarding, palliative care, infection control and health and safety. Staff we spoke with were clear about their own roles and responsibilities.

We found the practice to be open and transparent and prepared to learn from incidents and near misses. We saw from the significant events records an example that had involved most of the staff who were working at the time an incident had occurred at the practice. The response by the staff team demonstrated how they had worked together during an emergency situation that ensured the well-being and safety of everyone at the practice including patients who were waiting for their appointment. We spoke with a patient who had been in the practice at the time the

emergency occurred. They told us they had nothing but praise for the way the staff had worked together to respond to the emergency. We found that the responses made by everyone had been reviewed to determine whether any lessons could be learnt. All staff who had been involved had been consulted and invited to give their views, feedback and any suggestions for changes. This had been further discussed at a full staff meeting to ensure that information and learning was shared with everyone.

Weekly meetings for all staff were held on Monday mornings. All staff were scheduled to work on a Monday to ensure full attendance at these meetings. The aims of the meeting were to share information, any clinical decisions or concerns, business decisions, prescribing, and significant events and complaints. The health visitor regularly attended these meetings, and any other external staff/ professionals were invited to attend as required.

The practice considered these meetings to be the heart of their practice culture. Staff were considered to be their greatest asset so they ensured that all staff knew how to do their job and also had the confidence to do their job. Holding regular staff meetings in this way ensured that all staff worked as a cohesive team and that information and learning was continually shared with all staff. Staff we spoke with confirmed meeting arrangements and that they were given the opportunity to raise any issues during the team meetings. They also showed us the notepad that was kept in reception where they could list any points they wanted to discuss at the meetings. Staff told us they were confident they would be supported if they needed to raise any issues or concerns. They felt respected and supported by everyone in the practice.

There were high satisfaction levels amongst the staff and a low turnover. Many of the staff members had worked at the practice for a number of years. Staff were positive about working at the practice which they described as patient focussed and well led. They told us the team were close and supportive and everyone was included. They said they felt valued and that it was a great team to work with.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

We found that the practice was committed to working in an inclusive way with the PPG to improve outcomes for patients. For example, the PPG chair had taken part in the presentation given to the inspection team at the start of the inspection. The practice told us they had an excellent working relationship with the PPG and this was confirmed by the members we spoke with. We looked at the PPG annual report for 2015 and some of the actions that had been planned and completed for practice improvements. For example, the PPG prioritised increasing patient access and promoting online registration for appointments and prescriptions. This was done through promotion on the practice website, practice leaflets, posters and through contact with patients by clinical and reception staff.

The aims were:

- to increase the number of patients registering online from 5% to 20% for 2014/2015. This was achieved.
- To increase the number of appointments booked online from 4% in 2014. In 2015 this was increased to 16% and 41% of patients said they would like to book their appointments in this way.

The PPG and the practice aimed to recruit members from a range of ages, ethnic and social backgrounds in order that information and topic feedback was diverse and representative of the patient population groups. The practice had a higher than average population of patients who were under 45 years of age and recognised the need to attract younger members to the PPG. They planned to use the website, newsletters, GPs and practice nurses, health visitors and midwife to achieve this. They also planned to contact patients by email to invite them to join. At the time of the inspection the PPG membership had included two members who were in their thirties. We spoke with the PPG chair person who confirmed that they were keen to increase the PPG membership and had spent some time in the practice waiting room explaining about the role of the PPG to patients and how this could shape improvements for the benefit of patients.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice provided services for patients.